



# QUARTERLY SERVICES SURVEY

FORM

**QSS-8(A)** (DRAFT)

<b>Due Date</b>	
<b>Need help or have questions?</b> Call 1-800-772-7851 (8:30 a.m. - 5:00 p.m. ET, M-F)	
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(Please correct any errors in name, address, and ZIP Code.)

<b>Return via Internet:</b> <a href="http://econhelp.census.gov/qss">econhelp.census.gov/qss</a>	<b>Return via Fax:</b> 1-800-447-4613	<b>To view Survey Results:</b> <a href="http://census.gov/services">census.gov/services</a>
Username: <input type="text"/>		
Password: <input type="text"/>		

### GENERAL INSTRUCTIONS

- Any significant change in this firm's operations should be noted in **8**
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	Dol.

**Include:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) as defined by the survey coverage in **1**
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services

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**1 SURVEY COVERAGE**

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

\_\_\_\_\_

**2** Not Applicable.

**3 ORGANIZATIONAL CHANGE**

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in third or second quarter of 2012?**

Yes

No - Go to **4**

**B. Which of the following organizational changes occurred in third or second quarter of 2012?**

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **3**.

Acquisition

Sale

Merger

Divestiture

Date of organizational change . . . . .

Month	Day	Year

AND

Enter detailed information below ↴

Name of company		EIN (9 digits)		
			-	
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.		State	ZIP Code	
				-

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**4 REPORTING PERIOD**

What time period is covered by the data provided in this report?

Calendar quarter

Other - Report beginning and ending dates . . . . .

Third Quarter			Second Quarter		
Beginning Date			Beginning Date		
Month	Day	Year	Month	Day	Year
End Date			End Date		
Month	Day	Year	Month	Day	Year

**5 SALES, RECEIPTS, OR REVENUE**

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

**INCLUDE**

- Net **realized** gains as well as losses within specified area(s) of activity
- Earned interest
- Commissions and fees received from all sources, including fees earned for exchanging currencies, selling money orders, and cashing checks
- Net gains (losses) from the sale of real property owned by this establishment for investment, rent, or lease (NOT gross sales)
- Gross sales (NOTE net gains (losses)) of real property developed or buildings built by this establishment for sale
- Gross rents from real property leased by this establishment to others
- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Rents from departments or concessions operated by other companies at this establishment
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)

**EXCLUDE**

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Revenue of departments or concessions operated by other companies at this establishment
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions)
- Intracompany transfers

Third Quarter				Second Quarter			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

**A. What was this firm's revenue in third and second quarters of 2012?** . . . . .

**B. Does the revenue reported in 5A represent book figure(s) or estimate(s)?**

Book figures

Estimates

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**6 SOURCE OF REVENUE**

**Commissions** - Defined as services related to trades in securities which include both brokerage services, where fees or commissions are received; and dealing or market making services, where a spread is earned from dealing in equity instruments, in derivatives contracts, and in debt instruments. Exclude trading on own account.

**Brokering and dealing products** - Defined to include equity instruments, such as common and preferred stocks, convertible bonds, warrants, etc.; derivative contracts; debt instruments, such as asset-backed securities and securities issued by government sponsored enterprise, collateralized mortgage obligations (CMO) and real estate mortgage income conduits (REMICs); and investment company securities, such as mutual funds or open-end funds, closed-end funds, unit investment trusts, fixed-income funds, equity funds, and balanced funds.

**Individual** - Refers to a person or household spending, investing, or saving their own money on their own behalf. All money managers in any form (such as fund managers or investment advisors) or investment funds should be treated as businesses.

**How much of the revenue reported in 5A was received from the following sources of revenue in third and second quarters of 2012?**

**A. Fees and commissions from brokering and dealing products from individuals**

**B. Fees and commissions from brokering and dealing products from businesses and government**

**C. Financial planning and investment management services for individuals**

**D. Financial planning and investment management services for businesses and government**

**E. All other revenue**

**F. Verify Total**

Sum of 6A-6E. Total must equal 5A.

Third Quarter				Second Quarter			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

**7** Not Applicable.

**8 REMARKS** - Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indicate where data were estimated.

**9 CONTACT INFORMATION**

Name of person to contact regarding this report (Please print)				Title				
Telephone	Area code	Number		Extension	Fax	Area code	Number	
		-					-	
Website								

**THANK YOU**  
for completing your **QUARTERLY SERVICES SURVEY.**

We suggest you keep a copy for your records.

Public reporting burden for this collection of voluntary information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0907" as the subject. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE.

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